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PTO/SB/05 (4/98)
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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No. M419.12-0044

First Inventor or Application Identifier Benjamin Y.H. Liu

Title METHOD AND APPARATUS FOR CASCADE
IMPACTOR TESTING OF INHALABLE DRUG
THERAPIES RECOVERY FOR CHEMICAL ANALYSIS

Express Mail Label No. EV388911461US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Address To: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. ☒ *Fee Transmittal Form e.g., PTO/SB17)
(Submit an original and a duplicate for fee processing)

2. ☐ Applicant Claims small entity status

3. ☒ Specification [Total Sheets **52**]
(preferred arrangement set forth below)
- Descriptive title of the Invention)
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. § 113) [Total Sheets **23**]

5. Oath or Declaration [Total Sheets **3**]

a. ☐ Newly executed (original or copy)

b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§1.63(d)(2) and 1.33(b).

6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission
(If applicable, all necessary)

a. ☐ Computer Readable Copy

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 Copies); or

ii. ☐ Paper

c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Copy of Assignment

10. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of
(when there is an assignee) Attorney

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO – 1449 Citations

13. ☒ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. ☐ Nonpublication Request Under 35 USC 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent

17. ☐ Other:

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an
Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation –in part (CIP) of prior application No: 09/679,936

Prior application information: Examiner Samuel P. Siefke Group/Art Unit: 1743

FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied
under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by
reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

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Registration No. (Attorney/Agent) 20,147

Signature

Date 4/13/04

17169 U.S.P.O.

FEE TRANSMITTAL

Complete if Known

Application No.

Filing Date

First Named Inventor

Title

Group Art Unit

Examiner Name

HEREWITH

Benjamin Y.H. Liu

METHOD AND APPARATUS FOR CASCADE
IMPACTOR TESTING OF INHALABLE DRUG
THERAPIES RECOVERY FOR CHEMICAL
ANALYSIS

Total Amount of Payment \$ 385

Atty. Docket Number

M419.12-0044

METHOD OF PAYMENT (Check One)

FEE CALCULATION (Continued)

1. ☒ The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123. Westman, Champlin & Kelly, P.A.

2. ☒ PTO Form 2038 Enclosed

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Fee Description

1001 770 2001 385 ☒ Utility Filing Fee1002 340 2002 170 ☐ Design Filing Fee1004 770 2004 385 ☐ Reissue Filing Fee1005 160 2005 80 ☐ Prov. Filing Fee

Subtotal (1) \$ 385

2. EXTRA CLAIM FEES

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	18	20	0	18	0
Indep.	3	3	0	86	0

Multiple Dependent Claims

** Insert 3 and 20, or number previously paid if greater; Reissue see below

Multiple Dependent Claims

Large Entity		Small Entity		Description
Fee	Fee	Fee	Fee	
Code	(\$)	Code	(\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent Claims
1204	86	2204	43	Reissue Independent Claims over Original Patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent Claims
1204	86	2204	43	Reissue Independent Claims over Original Patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

Subtotal (2) \$ 0

Other Fee (specify) _____

Subtotal (3) \$

Signature

(Nicholas E. Westman)

Reg. No. 20,147

Date

Apr 23, 2014

Deposit Account No. 23-1123